

MULTIPLE DEPEN  
CLAI  
FEE CALCULATION SHEET  
(FOR USE WITH FO XTO-875)

CLAIM

SERIAL NO.

10 / 573 728

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL DEP.	3	↔			↔				↔					
TOTAL CLAIMS	4	████████			████████				████████					